# JOB SHARE APPLICATION

**Due March 15**

# Job Share position requested Location

**Partner One**:

First Last

Employee ID:

Date:

Address: \_

Home Telephone: \_\_ E-mail

Present Position:

Location: Telephone:

Reason for job share request:

(please refer to job share guidelines) Experience (include in and out of district experience, plus any specific experience relevant to job-sharing): Dates Position Grade or Specialization School/District

**Partner One**:

First Last

Employee ID:

Date:

Address: \_

Home Telephone: \_ E-mail

Present Position:

Location: Telephone:

Reason for job share request:

(please refer to job share guidelines) Experience (include in and out of district experience, plus any specific experience relevant to job-sharing): Dates Position Grade or Specialization School/District

**DIRECTIONS:** Please provide specific information pertaining to the following job-sharing issues. If more space is needed, please attach additional pages.

Describe the prior relationship of the partners including educational and philosophical compatibility.

Describe the division of responsibilities/tasks between the partners (e.g., subjects/days taught, duties, committees, PLC).

Explain the scheduling of daily activities and intermittent responsibilities. (e.g., recess, report cards,)

Describe provisions for communication between the partners. (e.g., calls, letters, response to emails)

Describe provisions for communication between the partners and the rest of the staff including the building administrator(s). (e.g., PLC’s, specials, special education, programs/performances)

Describe provisions for communication between the partners and the parents. (e.g., calls, letters, response to emails, parent meetings other than parent conference days)

Explain the benefits of the proposed job share to students.

Explain the benefits to the partners.

Explain the benefits to the school district.

Please explain how the success of your job-sharing program will be monitored and evaluated. Include how you will determine whether or not your job-sharing program had a positive impact on students, parents, and other staff members. You are encouraged to consider the following as part of your evaluation process.

* Parent survey
* Student survey
* Principal feedback
* Student assessment results
* Colleague feedback

## I have read and agree with the expectations listed in the Job Share Guidelines (available in the Virtual File), including these:

* Job-sharing staff members are expected to attend all scheduled building staff meetings, professional development sessions, and preservice activities, unless other arrangements are made with the building principal and contained in this application.
* Job-sharing staff members are expected to attend all scheduled Parent–Teacher Conference days.
* Unless initially approved otherwise, job-sharing staff members agree to substitute for one another on a daily basis when possible at the established substitute daily rate of pay.

By affixing my signature, I affirm that all information set forth in this application is accurate. Partner One Signature\_

Partner Two Signature\_

**Principal recommendation Principal recommendation (***for Partner Two if currently at different site)*

* + I support this application □ I support this application
  + I cannot support this application □ I cannot support this application

*Comments: Comments:*

Principal’s Signature Principal’s Signature

RETURN THIS APPLICATION WITH ALL ACCOMPANYING MATERIALS BY MARCH 15TH TO:

Human Resources Olathe Public Schools 14160 Black Bob Road PO Box 2000

Olathe, KS 66063-2000

**NOTICE OF NON-DISCRIMINATION** The Olathe Public Schools prohibit discrimination on the basis of race, color, national origin, sex, age, religion or disability in its programs, activities or employment, and provides equal access to the Boy Scouts and other designated youth groups to its facilities as required by: Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973 and other relevant state and federal laws. Inquiries regarding compliance with applicable civil rights statutes related to ethnicity, gender, age discrimination or equal access may be directed to Staff Counsel, 14160 S. Black Bob Road, Olathe, KS 66063-2000, phone 913-780-7000. All inquiries regarding compliance with applicable statutes regarding Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act and the Americans with Disabilities Act may be directed to the Assistant Superintendent of Support Services, 14160 S. Black Bob Rd. Olathe, KS 66063-2000, phone (913) 780-7000. Interested persons including those with impaired vision or hearing, can also obtain information as to the existence and location of services, activities and facilities that are accessible to and usable by disabled persons by calling the Assistant Superintendent of Support Services. (01/19)